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### **5/31/2018- MIPS Preliminary Performance Feedback Now Available**

Clinicians who submitted 2017 Merit-Based Incentive Payment System (MIPS) data can review their *Preliminary Performance Feedback* data on the [Quality Payment Program's \(QPP\) website](#). Clinicians must input their *Enterprise Identity Management* (EIDM) credentials into the website to access their information. CMS notes that these scores are subject to change based on several factors that include but are not limited to: special status scoring; calculations of the All-Cause Readmission measure; CAHPS survey results; and Improvement Activities participation and results. For those without EIDM credentials please see the [EIDM User Guide](#) for instructions on how to obtain them. CMS anticipates that *MIPS Final Scores* will be published in July 2018.

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### **5/10/2018- New 2018 MIPS Eligibility Group Level Tool– Look up all NPIs Under a TIN**

CMS now offers two ways to verify your MIPS participation status. Individual clinicians can continue to go to [the MIPS Participation Status Lookup](#) website to verify whether they met the 2018 eligibility criteria using their individual National Provider Identifier (NPI). For authorized users that want to view group level data, you may now also choose to *log in* to the [CMS Quality Payment Program](#) website using your Enterprise Identity Management (EIDM) credentials to check your *group's* 2018 eligibility for MIPS. If you don't have an EIDM account, start the process now by referring to the [EIDM User Guide](#) for instructions, noting that the portal still refers to the Physician Quality Reporting System (PQRS). After logging into this new feature with your EIDM credentials, browse to the Taxpayer Identification Number (TIN) affiliated with your group, and you will be able to click into a details screen to see the eligibility status of every clinician based on their NPI within your group to verify whether you or your group members need to participate in the 2018 MIPS performance year. The quality payment program helpdesk is prepared to answer questions about the look up tools and participation status by email ([qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov)) or phone (1-866-288-8292).

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### **5/3/2018- MIPS Payment Adjustment Follows Individual Clinician NPI under new TIN**

In recognizing that MACRA changed the way performance would be scored under the MIPS program, the Centers for Medicare & Medicaid Services (CMS) will continue to address the issues impacted by the MIPS payment adjustments in 2019 and beyond ([see CMS slides 45-49 published 4/23/2018](#)). In CY2017 Final Rule CMS-5517-FC ([pages 77330 – 77332](#)), CMS recognized the payment adjustment challenges faced by individual clinicians (ie, NPIs) associated with more than one group, clinicians using multiple submission mechanisms, and an NPI billing under a new TIN after the performance period. In their final rule making, CMS determined that performance will follow the NPI even if they leave the group (ie, TIN) before the payment adjustment. CMS intends to “use the TIN/NPI's historical performance from the performance period associated with the MIPS payment adjustment, regardless of whether that NPI is billing under a new TIN after the performance period. In the event that an NPI bills under multiple TINs in the performance period and bills under a new TIN in the MIPS payment year, [CMS will take] the highest final score associated with that NPI in the performance period.” Unlike PQRS, CRNAs should now be aware that their best MIPS score will follow them into a new TIN. To learn more about how to participate in the MIPS program visit the [AANA Quality Payment Program](#) website.

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#### **4/18/2018- Burdened by MIPS? Extended Deadline for CMS MIPS Reporting Burden Study**

CMS is [inviting eligible clinicians to participate in a study](#) that will examine the burden clinicians' face when reporting MIPS Quality measures. CMS is specifically targeting the following areas: (1) clinical workflows and data collection methods using different submission systems; (2) challenges clinicians have when they collect and report quality data; and (3) changes to try to lower clinician burden, improve quality data collection and reporting, and enhance clinical care. Successful participation in this study will result in full credit for the 2018 MIPS Improvement Activities performance category. CMS anticipates that the study will run from April 2018 to March 2019. With the extended deadline [applications](#) are due April 30, 2018. For more information about the study, please email [MIPS\\_Study@abtassoc.com](mailto:MIPS_Study@abtassoc.com).

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#### **4/6/2018- CMS Releases 2018 MIPS Eligibility Tool**

You can now use the *updated* CMS [MIPS Participation Lookup Tool](#) to check on your 2018 eligibility for the Merit-based Incentive Payment System (MIPS). Just enter your National Provider Identifier, or [NPI](#), to find out whether you need to participate during the 2018 performance year. The look up tool has been updated to address the changes to low-volume threshold for MIPS eligibility. CRNAs in APMs should be aware that the CMS will update the Alternative Payment Model (APM) participants look up tool at a later time. For more information about the visit the [AANA Quality Reimbursement](#) Website to learn about how CRNAs are impacted by the Quality Payment Program and MIPS today.

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#### **4/6/2018 - MIPS APMs to Advanced APMs: How to Make the Valuable Transition**

The Centers for Medicare and Medicaid Services (CMS) is hosting a webinar series with APG to assist clinician groups better understand alternative payment models under MACRA and provide some "how-to" insight into APM implementation. Subject matter experts from CMS will review the MIPS APM model and requirements for qualifying to become an advanced APM, while APG will offer their strategies behind how they made the transition for their organization/group and share any challenges/pitfalls during implementation. This webinar will be held on **April 30, 2018 at 12:00 pm – 1:30pm ET**. [Register for this CMS sponsored webinar](#).

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#### **4/6/2018- New AANA Member Advantage Program - SCG Health QCDR**

SCG Health specializes in making MIPS regulatory burdens more approachable so that you can plan how to respond with limited resources and time. AANA Members that become SCG Customers will receive a 10% discount off the retail base subscription of 2018 reporting at \$275 per clinician for reporting Quality and Improvement Activities, which must include three or more [SCG Health QCDR measures](#). The discounted base subscription include submission of quality data to SCG Health, live on-shored call center and online support, data submission, data verification and communication to CMS as required. Contact [gpp@scghealth.net](mailto:gpp@scghealth.net) for more information or visit [SCGhealth.com/QPP](http://SCGhealth.com/QPP). Data entry support for calendar year 2018 Quality data is available for AANA members for an additional \$500 per clinician (discount does not apply).

### 3/29/2018 - MIPS 2017 Deadline Extended to April 3rd

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#### CMS Extends the MIPS 2017 Data Submission Deadline from March 31 to April 3 at 8 PM EDT

If you're an eligible clinician participating in the Quality Payment Program and would like to attest to an improvement activity, you now have until **Tuesday, April 3, 2018 at 8 PM EDT** to submit your 2017 MIPS performance data. This extension applies to registries as well. You can submit your 2017 performance data using the new feature on the Quality Payment Program [website](#).

Go to [gpp.cms.gov](http://gpp.cms.gov) and click on "sign in" on the top right side of the web page.

- You'll be required to log into the Quality Payment Program data submission feature using your **Enterprise Identity Management (EIDM) credentials user name and password**. If you don't have an EIDM account, you'll need to obtain one. Review this [EIDM user guide](#) and get started with the process as soon as possible. Currently, you should allow at least **5 business days** for EIDM requests to be processed.
- After logging in, the feature will connect you to the Taxpayer Identification Number (TIN) associated with your National Provider Identifier (NPI).
- You'll be able to report data either as an individual or as a group. Be sure to login and get familiar with the feature before you submit your data.

Please contact the Quality Payment Program by email at [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov) or toll free at 1-866-288-8292, if you need help or have questions about using the data submission feature.

### 3/20/2018 - AANA QCDR and Registry Reporting FAQs Now Available

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Though the AANA does not endorse any vendor or product through its Member Advantage Program, the AANA does make a good faith effort to try to identify QCDR services that treat CRNAs with respect, value their business, and have developed a quality reporting business model that does not knowingly or purposefully make anesthesia provider distinctions.

In an effort to assist CRNAs in better understanding the time and effort needed to participate in a QCDR or registry, the Research and Quality division has developed the [QCDR and Registry Reporting FAQs](#).

### 3/1/2018 - CMS MIPS Reporting Burden Study

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#### Earn MIPS Points: Participate in CMS MIPS Reporting Burden Study

CMS is [inviting eligible clinicians to participate in a study](#) that will examine the burden clinicians' face when reporting MIPS Quality measures. CMS is specifically targeting the following areas: (1) clinical workflows and data collection methods using different submission systems; (2) challenges clinicians have when they collect and report quality data; and (3) changes to try to lower clinician burden, improve quality data collection and reporting, and enhance clinical care. Successful participation in this study will result in full credit for the 2018 MIPS Improvement Activities performance category. CMS anticipates that the study will run from April 2018 to March 2019. [Applications are due March 23, 2018.](#)

### **3/1/2018 - Brace for MIPS Program Changes in CY 2019**

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Some highly influential organizations are making proposals that could significantly alter the Merit-Based Incentive Payment Systems (MIPS) Program as it is currently defined. Recently, the [Medicare Payment Advisory Commission](#) (MedPAC) recommended that the MIPS Program be repealed because its reporting requirements are too burdensome. Similarly, the [White House's Proposed Budget for 2019](#) put forward that MIPS eliminate the *Advancing Care Information* and *Improvement Activities* performance categories, leaving only the *Quality* and *Cost* performance categories. Adding more fuel to this fire to change MIPS, the [Bipartisan Budget Act of 2018](#), Section 53106, recommends changing the Physician Fee Schedule update drop from 0.50 percent to 0.25 percent for CY 2019 only. What will happen to MIPS in the future is up in the air, but the Research and Quality Division as well as Federal Government Affairs is actively monitoring all proposals that would affect the program. As of now eligible MIPS CRNAs should stay the course and continue to participate according to the 2018 MIPS performance period requirements. Please visit our [Quality Reimbursement](#) for more information on MIPS and the Quality Payment Program.